

Innovative Patient-Centred Approach for Social Care Provision to Complex Conditions

Bridging the gaps between health, social and local services to improve care of people living with rare and complex conditions



The information contained in this publication does not necessarily reflect the official position of the European Commission



The serious unmet social needs of people with a rare disease and their families affect their dignity, autonomy and other fundamental human rights expressed in the Universal Declaration of Human Rights and in the UN Convention of the Rights of Persons with Disabilities



The needs of people living with rare diseases require coordinated multidisciplinary care

In most countries the care pathways are not structured

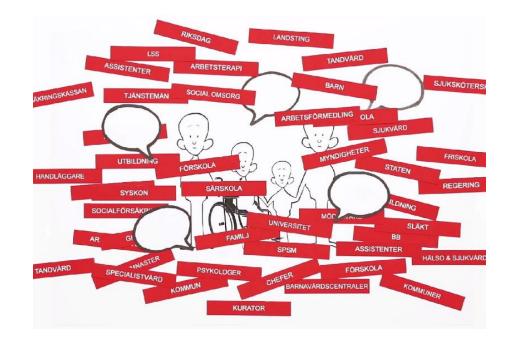


Image used for illustration purposes. Source: Nationella Funktionen Sällsynta Diagnoser, Sweden

European Commission Expert Group Recommendations to Support the Incorporation of Rare Diseases into Social Services and Policies (2016):

«4. MS should promote measures that facilitate multidisciplinary, holistic, continuous, person-centred and participative care provision to people living with rare diseases, supporting them in the full realisation of their fundamental human rights.»

Unanimously adopted by representatives of all EU Member States

http://ec.europa.eu/health/rare_diseases/docs/recommendations_socialservices_policies_en.pdf



Next Step

Moving from the recommendations to the implementation



2015-2018

Bridging the gaps between health, social and local services to improve care of people living with rare and complex conditions

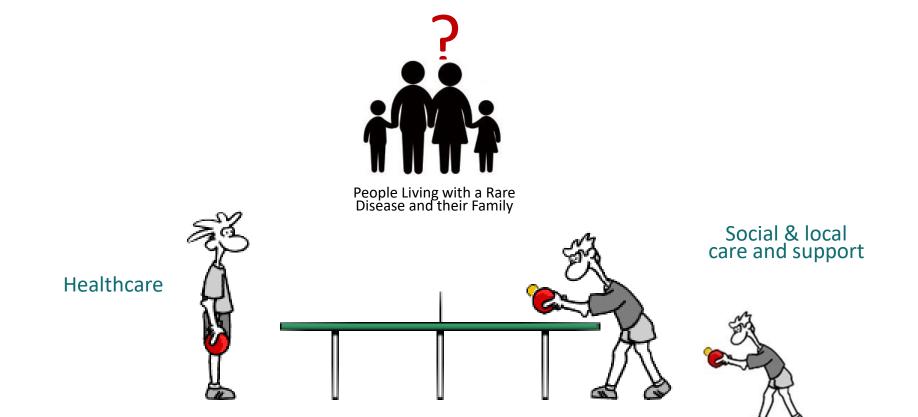








The dilemma



Project Overview

Call for proposals from EC DGEMP (2014) - "Social policy innovation"

- Focus on one stop shop services & case handlers
- Over 200 projects submitted 7 selected
- INNOVCare is the only project on health/disability and with European scope

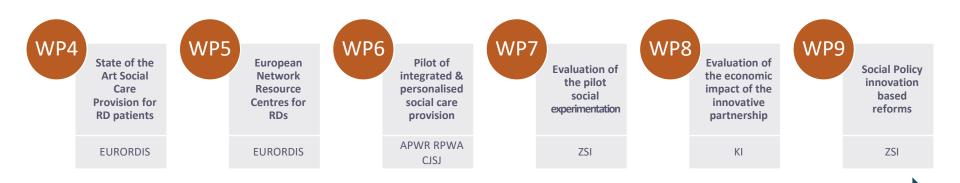
Time frame: 36 months - 01/10/2015 to 30/09/2018

Consortium:

- 8 partners, 6 countries Spain, France, Slovenia, Romania, Austria, Sweden
- Main Applicant: MSSSI Ministry of Health and Social Affairs Spain

Total budget: 1 994 414.72€ (EC co-funding 80%)

Project Structure



WP1 Coordination (MSSSI, Finovatis) WP2 Evaluation (IER) WP3 Communication & Dissemination (EURORDIS)

Main Applicant

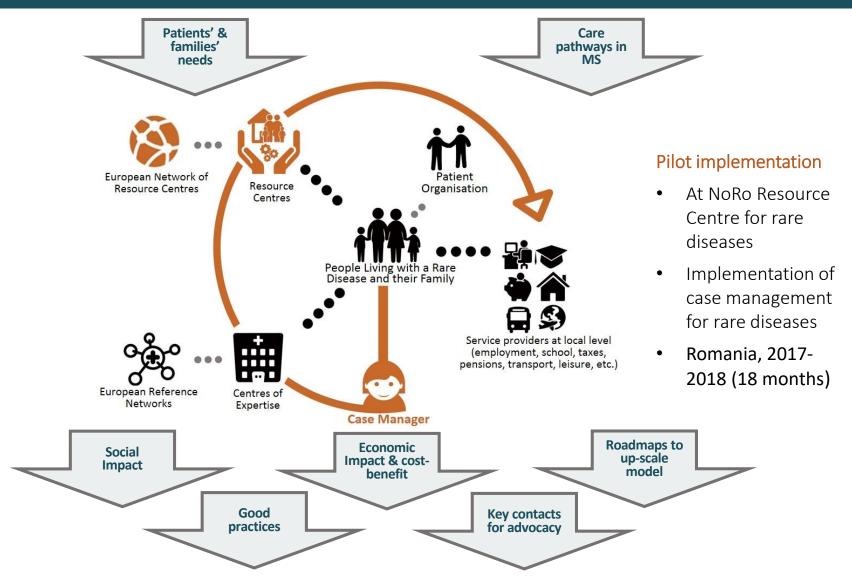
MSSSI Ministry of Health and Social Affairs - Spain - Aitor Aparicio García **Co-Applicants**

Finovatis – France - David Koubi IER Inštitut za Ekonomska Raziskovanja – Slovenia – Valentina Rupel EURORDIS – France – Raquel Castro APWR RPWA Asociatia Prader Willi din Romania (NoRo) – Romania – Dorica Dan CJSJ Regional County Sălaj – Romania - Monica Avram ZSI Zentrum für Soziale Innovation – Austria - Ursula Holtgrewe KI Karolinska Institutet – Sweden - Peter Lindgren





Project Concept



Project Objectives

- Assessment of social needs of people living with a RD in Europe & analysis of care models in MS (Austria, France, Hungary, Luxembourg, Romania, Spain, Sweden, UK);
- Proposal of an innovative care pathway:
 - Implementation of a pilot in Romania
 - Evaluation of the socio-economic impact and cost-benefit analysis of the care model
 - Analysis of opportunities to upscale the model to other MS and beyond RDs
- Creation of the European Network of Resource Centres & exchange of good practices between social services for rare diseases via workshops
- Strengthening partnerships between stakeholders: creation of an Advisory Group with competent authorities



Project Events

Date	Place	Event
8-9 Sept 2016	Gothenburg	Workshop on Improving Integrated Care for People Living with Rare Diseases and Complex Conditions
6-7 Oct 2016	Vienna	Workshop on Scaling Innovative Care Delivery for Rare Diseases & Complex Conditions
1-2 June	Cluj-Napoca	Workshop on Advancing Holistic & Innovative Care for Rare Diseases & Complex Conditions
12-13 April 2018	Oslo	Workshop on Creating a Sustainable Environment for Holistic & Innovative Care for Rare Diseases & Complex Conditions
Sept 2018	Brussels	Final conference

Details and presentations available at: http://innovcare.eu/events/

Engaging with policy makers

- ✓ INNOVCare <u>Advisory Group</u>
- 17 representatives from 14 European countries
- National/regional competent authorities mix of health and social
- Goal:
 - Promote better dissemination of the project to policy makers
 - Engage on up-scaling the pilot/similar model to their countries
 - Advisory Group will attend 3 workshops of the project

✓ Link to <u>Commission Expert Group on Rare Diseases</u>

✓ Link to <u>RD-Action project</u> (2015-2018), policy work package





First Europe-wide survey on the social impact of rare diseases



First Europe-wide survey on social impact of rare diseases

<u>Juggling care and daily life: The balancing act of the</u> <u>rare disease community</u>

- Carried out via <u>Rare Barometer Voices</u>
- Over 3000 patients and carers involved
- 802 diseases, 42 countries
- Performed in 23 languages



A EURORDIS 🏌 INITIATIVE



First Europe-wide survey on social impact of rare diseases

Key results:

- Rare diseases have a serious impact on everyday life
- Significant time and care burden for patients & carers
- Impact on work-life: absence from work, stop or reduce professional activity, facing loss of income
- Patients and carers are badly informed about their rights
- Clear lack of communication between service providers
- Social services badly prepared to support people with a rare disease



<u>Report with analysis of key results and annex with full results</u>



INNOVCare pilot of case management & evaluation of its social and economic impact



INNOVCare pilot – NoRo Resource Centre

- Zalau, County of Salaj, Romania
- One-stop-shop style of service
- Recognised as social and healthcare provider (Centre of Expertise for rare diseases)
- Providing services to patients at local, county and national level







INNOVCare pilot - Summary

Regional case managers hired by NoRo resource centre Romania:

- To bridge the gaps in coordination between health, social and local services
- To reduce care burden for patients and families

Time frame:

- 18 months, 03/2017 08/2018
- 9 months for each patient/family

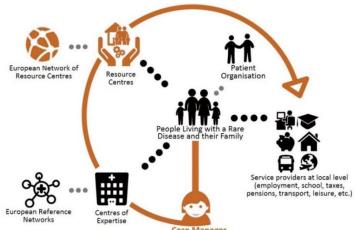
Target population:

- Patients and families: rare diseases & complex conditions
- 118 cases
- Current beneficiaries of NoRo & new ones

Geographical scope: region of Salaj, Romania

Resources and service provision:

- Number of case managers employed: 4
- Nr. of simultaneous "cases" per case manager: 30
- Profile of case managers: 2 social workers, 1 lawyer and 1 special education teacher
- Service focused on key areas to have meaningful results



www.innovcare.eu

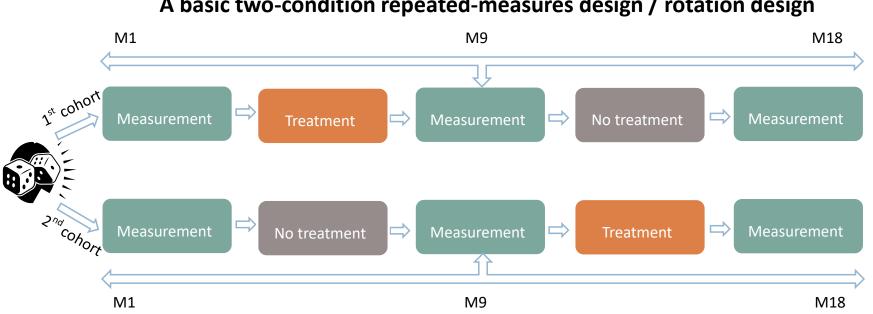
INNOVCare pilot – Possible roles of the case manager

- Single and stable point of contact
- Listen, inform, support and empower patients and families
 - Providing knowledge/tools & informing about existing resources
 - Encourage health literacy and compliance to treatments
 - Relief the burden of care provision for patients and families
- Assessment/monitoring of needs & being an observatory of those needs
- Holistic and patient-centred care planning and care co-ordination:
 - Identify resources available in the territory services and support
 - Referral to and speed up access to services and support
 - Simplify care pathways, ensure continuous support, support navigation for patients/families and professionals
- Hub of information and knowledge
- Inform, support and empower professionals involved in care provision
- Facilitating coordination between services and networks of service providers
- Prevention of avoidable high risk situations & limit over-use of health services if not needed
- Develop working methods that support empowerment of patients and families



The INNOVCare evaluation design

How does the INNOVCare intervention impact the quality of lives of those who benefit from it? What's the economic impact?



A basic two-condition repeated-measures design / rotation design

- **Sampling:** random proportionate stratified sampling, based on set of variables
- **Randomisation:** stratified random assignment random allocation of participants into the 1st and 2nd ٠ cohorts based on set of variables; simple random allocation to the case managers;
- **Ex-post assessment of the randomisation procedure:** checking balance of the two cohorts



RareResourceNet

European Network of Resource Centres for Rare Diseases



RareResourceNet

Advancing holistic high quality care and services for people living with rare diseases across Europe





Resource centres: a one stop shop style service designed for people living with a rare disease and their carers

- Complementary to health care and social services
- Holistic care and support

https://innovcare.eu/social-services/rareresourcenet/

The gathering of services in this network is possible following the mapping of specialised social services for rare diseases performed within the European Joint Action for Rare Diseases (EURCERD Joint-Action, 2012-2015). RareResourceNet subscribes the European Commission Expert Group Recommendations to Support the Integration of Rare Diseases into Social Services and Policies (2016) & 2030 Agenda for Sustainable Development adopted by the United Nations (2015)

www.innovcare.eu

Find out more at innovcare.eu



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Thank you

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